

09-20-01

PTO/SB/05 (2/g8)

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09/18/01

UTILITY PATENT APPLICATION TRANSMITTAL

Only for new nonprovisional applications under 37 C.F.R. (f) 1.53(b) Express Mail Label No.

Attorney Docket NO. 98-417A

First Inventor or Application Identifier

LAZARO, Luis J. Jr.

Title AIRCRAFT GROUND POWER CONNECTOR

Express Mail Label No. EL 828273425 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
- Specification Total Pages 13
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed Sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
- Drawing(s)(35U.S.C. 113) [Total Sheets 2]

4. Oath or Declaration [Total Sheets.]

- a. Newly executed (original or copy)
- b. I Copy from a prior application (37 C.F.R. § 1.63(d))
for continuation/divisional with Box 17 completed
(Note Box 5 below)

 DELETION OF INVENTOR(S)

Signed statement attached deleting inventor(s) named in
the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1
.33(b).

5. Incorporation By Reference (useable if Box 4b is checked) The entire
disclosure of the prior application, from which a copy of the oath or declaration is
supplied under Box 4b, is considered to be part of the disclosure of the
accompanying application and is hereby incorporated by reference therein.

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment

Continuation Divisional Continuation-in-part (CIP) of prior application No: PCT/US00/07181
Prior application information: Examiner _____ Group/Art Unit _____

18. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label

(Insert Customer No. or Attach barcode label here):

or Correspondence address below

Name

Ann K. Galbraith

Address

7755 E. Marginal Way South, P.O. Box 3707, MC 13-08

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State

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Zip Code

98124-2207

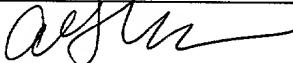
Country

U.S.

Telephone

206-544-1027

Fax 206-655-5076

Name (Print/Type)	Ann K. Galbraith	Registration No (Attorney/Agent)	33,530
Signature		Date	9/18/01

Burden Hour Statement: This form is estimated to take 0 2 hours to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

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PTO/SB/16 (12-97)

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FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 2000.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 710.00)

Complete if Known

Application Number

Filing Date

First Named Inventor

LAZARO, Luis J. Jr.

Examiner Name

Group / Art Unit

98-417A

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit Account Number **02-2960**

Charge Any additional Charge the Issue Fee Set in Fee Required Under 37 C.F.R. §§ 1.18 at the Mailing of the Notice of Allowance
37 C.F.R. §§ 1.1 and 1.17

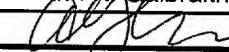
2. Payment enclosed:
 Check Money order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)		
105 710	201 355	Utility filing fee	\$710.00
106 320	206 160	Design filing fee	\$
107 490	207 245	Plant filing fee	\$
108 710	208 355	Reissue filing fee	\$
114 150	214 75	Provisional filing fee	\$
SUBTOTAL (1)		\$710.00	
2. EXTRA CLAIM FEES			
Extra Claims	Fee From Below	Fee Paid	
Total Claims 4 -	20** = 0	X \$18.00	\$0
Independent 1 -	3** = 3	X \$80.00	\$0
Claims			
Multiple Dependent	\$270.00	\$0	
** or number previously paid, if greater; For Reissues, see below			
Large Entity Fee	Small Entity Fee	Fee Description	
Code (\$)	Code (\$)		
103 22	203 11	Claims in excess of 20	
102 82	202 411	Independent claims in excess of 3	
104 270	204 135	Multiple dependent claim, if not paid	
109 82	209 41	** Reissue independent claims over original patent	
110 22	210 11	** Reissue claims in excess of 20 and Over original patent	
SUBTOTAL (2)		(\$0)	
*Reduced by Basic Filing Fee		SUBTOTAL (3)	\$0
Other fee (specify) _____			
Other fee (specify) _____			

Complete (if applicable)

Submitted By			
Typed or Printed Name	Ann K. Galbraith	Reg. Number	33,530
Signature		Date	Sep. 18, 2001
Deposit Account User ID	02-2960		

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